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Vo. 286.—Vol. XXIV, No. 8.] [AUGUST, 1912.

THE BRITISH JOURNAL OF DERMATOLOGY

CONTENTS.

PAGE

THE PATHOLOGY OF THE SKIN FROM THE EYELIDS AND THE NASO-FACIAL GROOVES. J. E. R. McDONAGH, F.R.C.S. 291

A CASE OF DERMATITIS HERPETIFORMIS. J. L. BUNCH, D.Sc., M.D. 310

ROYAL SOCIETY OF MEDICINE.—DERMATOLOGICAL SECTION.—Ichthyosis.—Nævus unius lateris of skin and mucous membrane.—Case for diagnosis.—Acne scrofulosorum (papulo-necrotic tuberculide) with episcleral tubercle.—An irritable eruption.—Specimens of two keloids.—Two cases of summer eruption.—Mycosis fungoides d'emblée 312

MANCHESTER DERMATOLOGICAL SOCIETY.—Scabies and Dermatitis herpetiformis.—Exfoliative dermatitis.—Monolithrix.—Multiple sebaceous cysts on the scalp.—Pseudo-leucoderma or partial albinism.—Multiple warts.—Urticaria pigmentosa 319

CURRENT LITERATURE.—A case of primary actinomycosis of the skin.—Elephantiasis and paratuberculosis.—Report on eosinophilia in scabies, with a discussion on eosinophilia in various diseases of the skin.—Multiple areas of pigmentation of eight years duration, involving chiefly the trunk of a girl of twelve; histological examination and review of the literature 320

REVIEWS.—Diseases of the skin and the eruptive fevers.—The new physiology in surgical and general practice.—The care of the skin and hair 323

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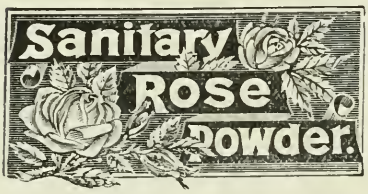

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By J. M. H. Macleod, M.A., M.D., M.R.C.P.,

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THE BRITISH
JOURNAL OF DERMATOLOGY.
AUGUST, 1912.

THE PATHOLOGY OF THE SKIN FROM THE EYELIDS AND THE NASO-FACIAL GROOVES.

By J. E. R. McDONAGH, F.R.C.S.,
Chief Assistant, Skin-Department, St. Bartholomew's Hospital; and Surgeon, Out-patients, London Lock Hospital.

It must have struck many how frequently new growths of the face have occurred in the oculo-facial and naso-facial folds. There is scarcely a human being whose skin below the lower eyelid or at the junction of the nose and the cheeks, when carefully examined, does not reveal the appearance of several small glands, some of which may be so enlarged as to be pathological.

The mere looseness of the skin over this area making the underlying structures more apparent will not account for the phenomenon, the explanation only being forthcoming when the same regions in the lower mammalia are studied.

If a microscopical examination of the skin at the base of the lower eyelid is made it will reveal in almost every individual specialised embryonic epithelial structures, as lanugo hair-follicles, sweat, and sebaceous glands.

On a larger scale they may be considered pathological, and when the growth is limited to the lanugo hair-follicles the term "trichoepithelioma" may be applied, when to sebaceous glands, sebaceous adenoma, and when to sweat glands, syringoma.

The tumour may consist of any one of these alone or mixed, and when mixed the different types may be present in the same area, or a type may be found pure in one part of the section and another type pure in another part of the section.

None of these types increase in size, ulcerate, or become malignant,

for the simple reason that they consist of nearly mature epithelial cells, or perhaps it would be better to say cells which cannot wander from a special form, because they have arrived at that stage when a function has been appointed them, and because they occur in tissue in which they normally would be, viz. corium. This is not the case with rare tumours, which when present are common in the situations under discussion, viz. epithelioma adenoides cysticum, and multiple rodent ulcers. The swellings not only increase in size up to a certain point, they also ulcerate, but without extending further or giving rise to metastases. The cells of the tumours are epithelial in origin, but whether of the type destined to be hair-follicles or sweat-glands, etc., although probably the former, cannot always be ascertained, since in some cases the cells have not arrived at the stage when they are to serve a purpose, *i. e.* they are more embryonic than the cells of the tricho-epithelioma, syringoma, etc. Still more is this the case with a tumour which is most commonly situated in the orbito-facial and naso-facial folds, and which, once it has ulcerated, tends to spread and destroy all the structures in the neighbourhood, but without giving rise to metastases or glandular enlargements—the so-called rodent ulcer. The controversy as to the origin of a rodent ulcer, whether it arises from the inner root sheath of the hair-follicle or at the point of exit of the sebaceous gland into the hair-follicle, because the cells are spindle in form, seems so much waste of energy, as the cells constituting a rodent ulcer are embryonic epithelial cells of a very early type, when the spindle shape is the rule rather than the exception; the cells being laid down at a time when hair-follicles and sebaceous glands, etc., are unthought of. When development takes place in an area in which the structures have matured, and in tissue in which they are not wont to occur, the cells grow in a peculiar way, and so constitute what we call a malignant growth.

A rodent ulcer is the tumour *par excellence* of the Cohnheim theory, and when we know a little more about carcinoma and sarcoma I should not be surprised to find that they are caused by a specific agent (non-bacterial), which would separate them distinctly from innocent tumours and rodent ulcer, both of which will lend more and more support to the Cohnheim theory of embryonic rests. But, on the other hand, malignancy may be determined by the depth in the corium at which the tumour arises, by the position in which it

takes origin, as some places are richer in lymphatics than others; so that metastases are of easier production. Also by the degree of reactionary inflammation around the growth, inhibiting cellular transmigration. Also by the resisting powers of the host in terms of antibodies, etc. The lowering of the surface tension in a mixture of malignant serum and malignant antigen, as evidenced in the meiostagmine reaction lends support to the last suggestion. The whole question is at present shrouded in mystery.

The presence of cell nests in a rodent ulcer have raised many difficulties both as regards the diagnosis between a rodent ulcer and squamous-celled epithelioma, and the origin of the former; but quite unnecessarily.

Characters typical of an epithelioma may be found alongside a rodent ulcer, but not *vice versâ*, and the explanation is no doubt due to the fact that the rodent ulcer acts as an irritant and so causes an abnormal epithelial growth with cell-nests, as occurs in a skin exposed to the sun's rays or X-rays. Again, small horny nests may be found in the rodent ulcer tissue itself, but it will be noticed that the cells around are cubicle, more like the normal rete cells than the typical spindle cells. The epidermis primarily consists of one layer of spindle cells, and from this layer other cells cubicle in form arise, and these in turn become transformed into horny tissue at quite an early stage in embryonic existence, before hair-follicles and other

specialised epithelial structures are considered. Then is it not possible that such rodent ulcers arise from rests of a later date when the cells have already learnt the transformation into horny tissue? Possibly it would be better to limit the term "malignant" to carcinoma and sarcoma, calling the rodent ulcer an ulcerating nævus, which in point of fact it really is.

A concomitant feature in nearly all cases of growths from these regions is the presence of milia (Fig. 1). How these tiny round hard white swellings—which shell out on incising the skin over, and

Fig. 1.

which under the microscope appear as cysts filled with some homogeneous substance—are formed, opinions differ widely. No doubt they are formed in various ways: (1) From a dilated lanugo hair-follicle. Fig. 2 shows this admirably. A case of a rodent ulcer, in the surrounding inflammatory tissue of which is seen a typical milium, to which is attached part of a sebaceous gland, and below is the hair-root with its papilla. (2) From a dilated sweat-duct: Schidachi was able to produce sweat-gland cysts by shaving off a piece of skin from the pad of a cat's foot parallel to the surface, stretching the same and then laying it back to let it grow. As the sweat-ducts did not overlap, cysts were produced. (3) From an epidermic inclusion, which has become cystic, since they occur in skin which has

FIG. 2.

Sebaceous adenoma. Rodent ulcer tissue: milium.

TO ILLUSTRATE MR. J. E. R. MCDONAGH'S ARTICLE ON THE PATHOLOGY OF THE SKIN FROM THE EYELIDS AND THE NASO-FACIAL GROOVES.

formed over a burn, in the new skin which develops after a bulla in pemphigus, Epidermolysis bullosa, etc.

I will now mention a typical case of each type of epithelial growth referred to above.

Case 1.—*Tricho-epithelioma papulosum.*—E. D—, aged 48 years, housewife, came up to St. Bartholomew's Hospital complaining of a scaly eruption on her right shin. She was also noticed to have some pale, slightly raised nodules on her face. When attention was drawn to these the patient said that they were of no moment, gave rise to no inconvenience, and that she had had them for years.

These nodules were about the size of a lentil, about ten in number, and situated on the lower border of the lower eyelid, and extending from the inner to near the outer canthus, where they somewhat decreased in number and size.

Both sides of the face were equally affected. One or two nodules were found on the upper eyelid, and at the outer canthus there were a few milia. Each lesion was about the size of a lentil, circular, very slightly raised above the level of the skin, flat on surface, and the skin over was paler than elsewhere.

They felt hard, did not disappear on pressure, but became quite white. Patient said she had had them as long as she could remember, but believed they first appeared when she was fourteen or fifteen years of age.

The mother and one sister had the same condition. Three other sisters were free.

There was no history of any male member of the family being affected.

A nodule was excised for microscopical examination (Fig. 3).

The epidermis is flattened, all papillary arrangement has disappeared.

The number of layers of the epidermis is somewhat smaller than normal, but the gradual transition from the basal cell layer to the stratum corneum remains intact.

Fig. 3.

The basal cell layer is pigmented more than usual.

Along the epidermis, processes are to be seen dipping down into the corium; each process is cystic, the space being filled with horny material, in the centre of which lies a lanugo hair. Oddly enough in some of the cysts acne bacilli are to be seen. These have probably penetrated from the surface and might have had something to do with stimulating the growth formation. Notice the age at which the tumours occurred, the age when acne most commonly commences.

In places where the lanugo hair has been able to penetrate the epidermis it is surrounded with several layers of horny material,

having an arrangement as seen in a transverse section of an onion through its middle. Around these epidermal processes there is no cellular infiltration (inflammation). In the corium are numerous hair-follicles, all of which are cystic.

The walls show the transition stages from the stratum spinosum to the stratum corneum, as is seen in the epidermis, with the only difference that the basal cell layer remains quite free from pigment.

In the centre is a mass of horny material; distinct cells are to be seen containing eleidin granules.

In the centre of each horny cyst a lanugo hair is to be found.

Only here and there are any of the hair-follicles surrounded by or have sebaceous gland elements in their neighbourhood.

Around each hair-follicle is well organised connective tissue, arranged circularly, and consisting of spindle-cells with well-stained elongated nuclei.

The vessels running in this connective tissue are dilated and the walls are thickened.

Also surrounding the hair-follicles, especially marked at the base and sides, is a dense cellular infiltration. This cellular infiltration consists largely of plasma-cells and small round-cells.

The marked feature of this cellular infiltration is the abundance of mast-cells, many of which, as usual, stain red with polychrome methylene-blue, but the protoplasma is homogeneous, mucinous in appearance, non-granular, a type of mast-cell which Unna described in Molluscum fibrosum.

In the centre of the tumour is a large horny cyst surrounded by epithelium which branches in a few places.

Towards the centre of these branches the cells become larger, stain less distinctly, and the spongioplasm becomes divided up into loculi—in short, the cell becomes a sebaceous gland-cell.

The transformation is not quite complete, since there is not that well-marked differentiation of the cells and the clear well-stained nucleus and network-like protoplasm seen, as in normal secreting sebaceous gland tissue.

These cells obviously are embryonic and functionless.

In other places scarcely any transition can be made out; the epithelial cells have simply become swollen, refuse the stain, have lost their nuclei and are degenerated cells.

The collagenous bundles are broken up and are not found in the new growth.

The elastic tissue has in part disappeared and nowhere shows its fine fibrillary character, being instead broken up and occurring in clumps or masses.

In no part of this section are there any traces of either sweat-glands or sweat-ducts.

One of the cysts in the section shows an intra-cystic epithelial growth. In this cyst there is no lanugo hair and no horny material; the cells of the wall not so well differentiated as elsewhere, the cellular infiltration around is very much more marked, and no doubt the cells constituting this cyst are of an earlier date than the rest.

Case 2: *Syringoma.*—A girl, aged 12 years, came up to hospital complaining of some spots on her chest. According to the mother's history the spots appeared when the child was one year old. No other member of the family was affected.

The lesions were very faint yellowish-white, raised above the surface of the skin, and varied in size from that of a pin's head to a lentil. The lesions were smooth on the surface and embedded in the corium, so that the skin was not movable over them; they were sharply circumscribed, although the bigger ones were not invariably regular in outline. The lesions gave rise to no subjective symptoms. The area most affected was the chest over the sternum and beneath the clavicles, and in these situations the largest lesions were to be found. The neck was also involved, lower eyelid on left side, lateral walls of thorax and abdomen, and inner sides of thighs.

Histology (Figs. 4, 5, and 6).—The epidermis over the new growth, which is situated in the upper portion of the corium, is unaltered. The corium itself is unchanged, except for the presence of the epithelial elements, from which the new growth arises, and also for a slight increase in the fixed connective-tissue cells.

The new growth consists of the following structures:

(1) Solid cords and nests of epithelial cells.

(2) Cords and nests of epithelial cells which are hollowed out in the centre, the walls of the former being made up of two layers of epithelial cells, the latter of several layers with the central cells degenerated and staining badly. The hollow cords resemble in every way the normal sweat-ducts.

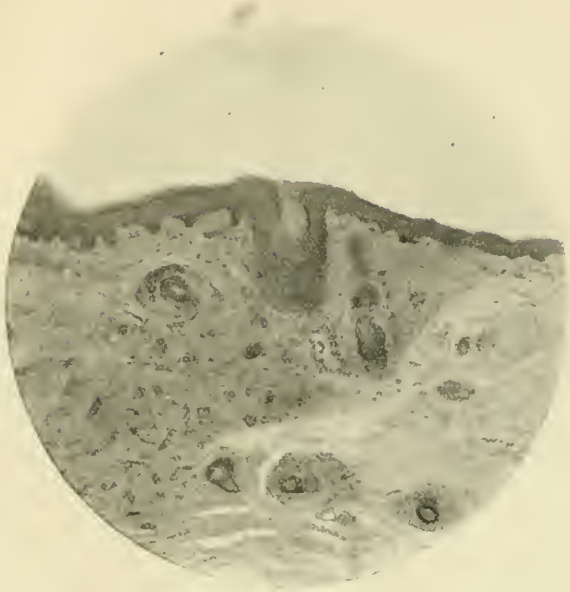

FIG. 4.

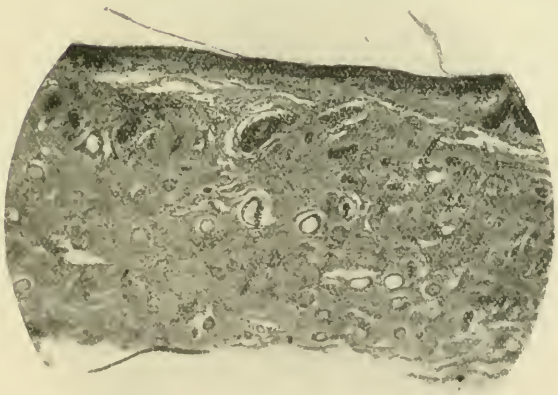

FIG. 5.

(3) Small cystic spaces with a colloid content. The walls are made up of one or two layers of epithelial cells; in parts the cells are indistinct, and the nuclei, when present, are elongated. The colloid material is most marked in those the cells in the walls of which have degenerated, and appears to be a degeneration product of those cells.

Although the case just mentioned is one in which the lesions are widely distributed over the body, the lesions on the left lower eyelid

Fig. 6.

are identical with those seen so commonly only in these situations, and which cannot be distinguished from a tricho-epithelioma or a sebaceous adenoma until a biopsy has been made. This is the condition first described and christened by Kaposi and Biesadecki as Lymphangioma tuberosum multiplex. The few cases described of hyaline degeneration of the skin—a painting of a case with a microscopic section is to be seen in Morgan Dockrell's atlas—are nothing more or less than typical cases of syringomata.

Case 3, *sebaceous adenoma*, was a man, aged 43 years, who had had flat whitish lesions in his oculo-facial folds as long as he could remember. The lesions were sharply circumscribed and about the size of lentils. The only difference clinically that I could ascertain between this condition and those already described was that each papule seemed to be divided up into loculi, not unlike a wasp's nest, and the loculi were slightly more transparent than usual.

Fig. 7.

Histologically the corium was filled with sebaceous gland tissue, either fully formed or in parts partly transformed from the epithelial cells, from which the gland-cells took their origin (Fig. 7).

Case 4: *Mixed tumour*.—A woman, aged 36 years, had noticed some "white spots" beneath her lower eyelids since she reached the age of puberty. The lesions were round, white, smooth on the surface, slightly raised, and clinically quite indistinguishable from any we have already described.

A histological examination of this mixed tumour showed the lowing points (Fig. 8, Plate) :

FIG. 8.

Syringoma. Sebaceous adenoma.

TO ILLUSTRATE MR. J E. R. MCDONAGH'S ARTICLE ON THE PATHOLOGY OF THE SKIN FROM THE EYELIDS AND THE NASO-FACIAL GROOVES.

In the left-hand part of the section beneath some lanugo hair-follicles (tricho-epithelioma) are some small cysts, below which again are some solid cords of epithelial cells, both constituting a syringoma.

The lanugo hair-follicles persist in all parts of the section, but in the right-hand side is seen a typical sebaceous adenoma. Some of the cells are well formed sebaceous gland-cells, while others have not yet been formed from the epithelial cells destined for the purpose.

Another type of tumour occurring in these situations is the Epithelioma adenoides cysticum of Brooke. The lesions are more widely spread on the face than in the cases just described, are rather larger, more elevated, and not so flat on the surface. The condition occurs in women, and the lesions appear in childhood. The marked feature about the disease is the strong hereditary element, mother and daughter being usually affected. Histologically the lesions consist of masses of epithelial cells which are highly branched; in the centre of the masses there may be a cyst in which lies a lanugo hair, or the cyst is filled wholly or in part with some homogeneous substance as is found in a milium.

Another condition found also in the same regions, the earlier lesions of which are indistinguishable from the case just described, is the multiple rodent ulcer.

Case 5 (reported by Dr. H. G. Adamson in the *Lancet*, October 17th, 1908, p. 1133): "*Mr. W. Bruce Clark's case.*—(This case was demonstrated by Mr. Bruce Clarke at a meeting of the Clinical Society of London on April 24th, 1903, and the following report of the case is printed in the *Transactions of the Clinical Society*, vol. xxxvi, 1903, p. 271) (Fig. 1).

"'Daniel C—, aged 37 years. *History of condition:* Two and a half years ago he first noticed a small red spot near the outer canthus of the left eye, which gradually grew in size. Seven months later a second spot occurred near the outer canthus of the right eye and increased slowly in size. At about the same time another ulcer appeared on the forehead above the right eyebrow. This one has healed of its own accord, but has left a scar exactly similar to the scarring which has occurred round the ulcer underneath the eye. There is another ulcer on the inner side of his nose, and one on the under lip and another on the side of his neck, but he cannot give

any accurate account of the dates at which these appeared. *Present condition :* In addition to these six patches which have been already described, there are numerous pimples on his face. They vary from the size of a millet-seed to that of a split-pea. As many as twenty or thirty of these can easily be counted. Were it not for the fact that he states that the ulcerated patches all began with simple pimples, they would perhaps barely deserve attention, as they have the appearance of small sebaceous glands in which the ducts are blocked. Two of these pimples have been excised and examined microscopically, as well as pieces from the six ulcerated patches above alluded to. They one and all exhibit the microscopical appearance of typical rodent ulcers, as are displayed under the microscope. The patient is now undergoing electrical treatment with X-rays four times a week, and is deriving considerable benefit from it. The ulcers are healing rapidly. *N.B. :* The patient remained in hospital about six weeks after he was shown, during which time the ulcers completely healed; but the pimples, though they improved and diminished in size, and in some instances entirely disappeared, had not altogether vanished. The patient declined to remain any longer.'

"Later the patient was again in the hospital, and many of the lesions were excised and others were scraped. In 1907, by the kindness of Mr. Bruce Clarke, I (Dr. Adamson) had an opportunity of seeing this patient. There were then altogether seventeen lesions upon the face, varying in size from small nodules of the dimensions of a pin's head up to ulcerated lesions of 1½ in. in diameter. There were also scars marking the excision or scraping of former lesions. For purposes of description the lesions then present may be divided into groups as follows :

" (1) Six nodules, reddish in colour and semi-translucent, of the size of a large pin's head to that of a millet-seed, and distributed over the left cheek and the forehead.

" (2) Nodules of the size of a millet-seed to that of a split-pea, dull red in colour, raised, but flat on their surface, firm and semi-translucent; a group of three upon the right temple at the outer angle of the orbit, two just below the left ala of the nose, one on the left upper eyelid, and one on the left brow.

" (3) Larger lesions, which have undergone treatment on a former occasion; two on the forehead, one on the left ala of the nose.

These were from $\frac{1}{4}$ in. to $\frac{1}{2}$ in. in diameter, with a central scar and a marginal rolled edge. (The photograph was taken before these had recurred, and shows scars only at these points.)

"(4) An irregularly shaped lesion, partly scarred, partly ulcerating, and partly crusted, extending from the inner canthus of the right eye on the right cheek, here and there showing a raised nodular edge. This lesion measures $1\frac{3}{4}$ in. in length by $\frac{3}{4}$ in. in diameter.

"(5) A similar ulcer, 1 in. by $1\frac{1}{2}$ in., involving the inner canthus on the left side, the lower lid, and the left cheek.

"(6) About the forehead and cheeks there are scattered a few milia, but there are none on the lesions themselves."

Histology (from sections kindly given to me by Mr. Onslow Ford).—Beneath the ulcerating surface is a new growth of spindle cells; the cellular masses are irregular in outline, and in many places branch—features typical of a rodent ulcer.

Only here and there are cysts to be found in the spindle-celled masses, but not of the type found in those cases described by Jarisch. Those present in this section are empty and probably spurious. Around the new growth is a dense cellular infiltration, consisting of polymorphonuclear leucocytes, plasma-cells, and lymphocytes.

The most interesting part of the section is the occurrence of a true Adenoma sebacæum in the healthy corium surrounding the new growth, and also masses of epithelial cells not quite mature, on their way to form sebaceous gland-tissue. It is not uncommon to find a tricho-epithelioma and a sebaceous adenoma in the same section as a rodent ulcer (see Fig. 2 Plate), although the simultaneous occurrence has, as far as I know, not been described. The combined growth undoubtedly speaks largely in favour of a rodent ulcer being a nævus, and having its origin in epithelial cells which are not mature enough to form any specialised epithelial structure.

Although I have described only one case of each type, it is only with the idea of giving the main clinical and histological features thereof, since if several cases are microscopically examined, although the clinical aspect of all may be the same, extraordinary variations are to be met with.

For instance, in the so-called Epithelioma adenoides cysticum—a bad name, as it gives no clue to the adenoid tissue affected—one may find lesions more closely resembling the Tricho-epithelioma papulosum

as described in Case 1, while, on the other hand, the origin of the epithelial masses from the lanugo hair-follicles may be so difficult to make out, because of the more embryonic nature of the cells, that the condition becomes more like that seen in multiple rodent ulcer.

Take multiple rodent ulcer; in some cases cysts are evident, hence the name multiple benign cystic epithelioma. The walls of the cysts consist of cubicle cells almost indistinguishable from mature rete cells, so that the epithelial masses in which the cysts occur suggest an origin from the lanugo hair-follicles. In other cases, again, the epithelial masses consist of spindle cells only, and a diagnosis could not be made from an ordinary rodent ulcer.

See again how the common single rodent ulcer itself varies. Some consist of pure spindle cells, while in others cubicle cells are found with horny matter in the centre.

These variations are links in one pathological chain, and entirely depend upon the time the cells forming the tumour were laid down in their embryonic life.

The most mature are the true adenomata, viz. tricho-epithelioma, sebaceous adenoma and syringoma. Going back we meet with a condition which can be said to arise from lanugo hair-follicles—a tricho-epithelioma, but at a period when sebaceous gland and sweat-gland tissue has not been organised, as seen in Brooke's type, which would be better called Tricho-epithelioma papulosum (Brooke). Still further receding we reach the condition when the origin of the epithelial masses from the lanugo hair-follicles is by no means clear, although suggested. As such lesions in which this condition histologically is found clinically ulcerate, they should be called Tricho-epithelioma papulosum ulcerans.

Lastly, in those cases in which the cells are too embryonic when the epithelial masses are formed from the primary epithelial cells before hair-follicles are even conceived, the term "rodent ulcer," be they single or multiple, should stand.

What is the reason for the frequency of these growths in this neighbourhood? Generally speaking cutaneous new growths, which are usually of epithelial origin, are more common in man than in the rest of the mammalia, and new growths are more likely to occur in situations which once served a purpose. Most mammals have specialised hairs in the orbito-facial fold corresponding to the supra-

orbital eyebrows and no doubt serving the same purpose; further important glands occur in both the orbito-facial and naso-facial folds of many animals.

Owing to a more or less uniform distribution of sebaceous and sweat-glands, man stands in no need of those facial glands so characteristic of many antelopes.

The commonest epithelial growth is in connection with the lanugo hair-follicles—tricho-epithelioma—growths which are usually limited to the face, and which in my opinion arise in those lanugo hair-follicles which are atavistic of the lower eyebrows. Lanugo hair is embryonic, is atavistic, and a remnant of the complete body covering with hair, which is typical of most of the mammals.

The adult members of the orders Sirenia and Cetacea, though hairless, have their young in the case of the former covered with hair, and in the latter with hair limited to the face. The only exceptions are the Beluga or white whale and the monodon or narwhal. Young elephants have lanugo hair like the human. The lanugo hair-follicles soon disappear, but some on the face remain, and they are those which are atavistic of the specialised hairs which ought to have formed the lower eyebrows.

Syringoma is, again, a common new growth.

In man the sweat-glands are uniformly distributed over the body, but in many animals they are localised—for instance to the soles of the feet in some of the rodentia—or they may be completely absent as in the Sirenia and Cetacea.

In animals most of the sweat-glands open into the hair-follicles, but some have their own point of exit in the epidermis, the latter being the case in adult life only.

As in man the sebaceous glands in animals are usually associated with the hair-follicles, but can be found alone, viz. peri-anal glands, Tyson's glands, etc., but these are probably specialised glands.

So closely are the sebaceous glands connected with the hair-follicles that when the hair of the Cetaceæ disappears the sebaceous glands vanish also.

Like the sweat-glands, the sebaceous glands are in some animals localised, for instance, to the snout and anus in the manis or scaly ant-eater, or they may be absent altogether, although the animal be well covered with hair, viz. Cholœpus and Chrysochloris.

The specialised skin-glands, of which man possesses none, perhaps, with the exception of Tyson's glands, so characteristic in other mammals, are made up of either sweat- or sebaceous glands, or a mixture of the two. They are situated in different parts of the body in the various orders, the face glands being typical of the artiodactyla and so on.

Of the face glands there are two kinds :

(*a*) Supra-orbital as in oryx beisa.

(*b*) Sub-orbital or ante-orbital.

The second group is typical of certain deer, and in most cases designated by a fold of skin or pocket, the edges of which are sometimes inverted; these are the so-called tear grooves—folliculi lacrymales.

In my opinion the small tumours so frequent below the lower eyelid, which may be made up of lanugo hair-follicles and often of sebaceous and sweat-gland tissue, are reversions to the face glands of deer.

The tumours are often mixed, which is another point in favour, since the anti-orbital gland of the gnu is made up of both sebaceous and sweat-glands, which may open separately in the epidermis or direct into the hair-follicles.

If the sebaceous gland type of tumour be carefully examined it is often found with remains of a lanugo hair-follicle in the centre. Human beings are not only those affected with epithelial growths below the lower eyelid; I have seen the same in monkeys.

Summary.—Tumours affecting the orbito-facial and naso-facial grooves are of epithelial origin and atavistic of both the lower eyebrows and the specialised glands found in these regions in many of the mammalia. There is probably not an individual which will not show some trace of epithelial embryonic tissue (nævus) when a section is made from the skin of these grooves.

All the tumours, from a simple lanugo hair-follicle growth to a rodent ulcer, are links in one chain, the former being the head or most mature, the latter the tail or most embryonic. As they are all links the histological differences of one clinical entity is at once explained.

Bullous transformation of vesicular Dermatitis herpetiformis.

A CASE OF DERMATITIS HERPETIFORMIS.

By J. L. BUNCH, D.Sc., M.D.,
Physician to the Skin-Department, Queen's Hospital for Children.

Dermatitis herpetiformis is always a rare disease, and this case presented a feature of interest in the effect upon the lesions of veronal. The patient was a man, aged 27 years, who had had a similar attack three years previously. When he came under my care he had been suffering from an attack of a vesicular eruption for a week. The lesions had first shown themselves on the thighs and legs, and the onset was accompanied by tingling and burning sensations and by a rise of temperature. When I saw him he had numerous vesicular blebs, arranged in a herpetiform manner on the arms, forearms, back, thighs and legs. The pigment stains from some of the ruptured and dried-up vesicles showed a slight purpuric stain. Some of the vesicles had left abrasions which were still secreting, and those which showed a tendency to dry up had a somewhat puckered appearance. The vesicles were arranged in indefinite groups; many of them had an entirely irregular outline, although the majority were roughly circular, and some were situated upon an erythematous base. In size they varied from a pin-head to a pea, but there were no bullæ such as are met with in pemphigus.

The patient complained of intense itching, especially when he came into a warm room and in bed. He did not appear to be neurotic, but had been subject recently to some nervous strain, and to this he attributed both the present attack and the previous one. There was nothing abnormal in the urine, and nothing at all definite to support the theory of auto-intoxication.

The disease ran a somewhat active course for three weeks, some of the vesicles drying up and leaving pigmented patches, and outbreaks of fresh vesicles making their appearance. The vesicles which thus appeared had much the same characteristics as those of the first crop, and were quite small. There was some slight constitutional disturbance, but the intense itching seemed to have a depressing effect upon the patient's nerves, and the insomnia was so troublesome that I ordered him as a hypnotic one of the best known synthetic compounds —veronal. After two doses the previously vesicular eruption took

on a well-marked bullous appearance, the bullæ being much larger than any of the lesions so far present, and containing clear fluid. Some bullæ also made their appearance on the buccal mucous membrane. The alteration in the clinical picture was so marked that I changed the hypnotic to 15 gr. of chloral hydrate, and in a week the bullæ had disappeared and only vesicles were present. A few days later I again ordered a dose of the synthetic hypnotic to be given at bedtime, and again it was followed by an outbreak of bullæ, exactly as on the first occasion. The dose was not repeated, and the patient made an uneventful and somewhat slow recovery with occasional outbreaks of vesicles, but no further bullæ. The bullous variety of Dermatitis herpetiformis is, of course, well known, but in the present case the lesions were essentially and entirely vesicular, except when a particular drug was administered internally.

ROYAL SOCIETY OF MEDICINE.

DERMATOLOGICAL SECTION.

Meeting held on Thursday, July 18th, 1912, Sir Malcolm Morris, K.C.V.O., President of the Section in the Chair.

The President announced that the Council of the Section had decided to hold an evening discussion on November 21st, on the subject of Erythema multiforme, which would be opened by Dr. Adamson.

Sir Malcolm Morris : Case of *ichthyosis* shown at the last meeting. The patient was a girl, aged 14 years, who was shown at the last meeting as a case of ichthyosis, when some members regarded it as nævus. He had not seen her since that time, but the mother suggested that she should be seen again, owing to the great change which had taken place from the daily application of an ointment containing 15 gr. of salicylic acid and 15 gr. of precipitated sulphur to the ounce. The condition, it would be remembered, involved the whole of the abdomen, but she was now clear. It was possible that if the treatment were discontinued there would be a recurrence. It would be interesting to hear from those who regarded it as nævus how

they would explain such complete disappearance under the treatment he had mentioned. He attributed great importance to the question of symmetry in differentiation.

Dr. J. H. Sequeira showed a case of *Nævus unius lateris of skin and mucous membrane*. The patient, a little girl, aged 8 years, had suffered from the deformity since birth, but the colour had deepened and the excrescences upon it had gradually increased in size. The upper margin of the nævus began at the root of the nose and extended along the edge of the lower eyelid across to the margin of the hairy scalp above the ear. Its mesial border followed the middle line of the nose to the tip. From there the lower margin passed down the naso-labial sulcus to the left angle of the mouth, and thence obliquely to the ramus of the jaw, which it followed to the front of the auricle. A narrow band passed from the angle of the jaw to the anterior border of the sterno-mastoid. The surface of the area was irregular, and, in parts, warty and of a dirty brown colour.

At the tip of the nose there was a group of filiform excrescences resembling the digitate or filiform wart. Scattered over the surface there were numerous pin-head-sized to split-pea-sized dark brown warty growths. There were two isolated patches, one at the root of the nose and an elongated warty growth extending from the chin to the supra-sternal fossa. On the surface of the latter there were many large filiform masses, some projecting from the surface for a quarter of an inch.

The great interest of the case lay in the fact that the left half of the soft palate was covered with a growth of wart-like appearance, soft, and of the colour of the normal mucous membrane. Some of the projections here were elevations a line to a line and a half in height. On the left upper and lower lips on their mucous surface there were a few isolated filiform projections and also three small groups on the buccal mucosa and on the gums of the left side.

A portion of the area on the face had been treated by radium in doses of thirty-two milligramme hours to each square inch and considerable improvement had followed, a sharp reaction beginning on the eighteenth day after treatment.

The exhibitor brought the case as a reply to the suggestion made at a previous meeting that Ichthyosis hystrix was a form of ichthyosis.

He, the exhibitor, considered that Ichthyosis hystrix was always a variety of nævus, and this case, in which both the skin and mucous membrane were simultaneously affected, he held to prove this contention. Vascular nævi of the face commonly included the mucous surfaces also, and in this case of Ichthyosis hystrix or linear nævus, the anomaly included both the skin and mucous membrane.

Dr. Colcott Fox said his belief was that these so-called linear nævi might occur on both sides of the body, and so closely together that it became rather difficult to distinguish the condition from ichthyosis. But the skin was not universally involved in nævi as it was in ichthyosis. He considered that a radical distinction. He had always thought that Ichthyosis hystrix was a nævus—at least some forms of it.

Dr. Whitfield reminded members that the case which he showed last time was bilateral and symmetrical.

Dr. Whitfield: *Case for diagnosis.* He said he had seen the patient, a man, three times, and he had always been brought by a doctor who was one of his late clinical assistants, so that he had not made a complete study of him. He was a confectioner by occupation, and was aged 51 years. Eight months ago he had what he called a "water blister" on the right eye. Shortly afterwards a similar condition came out under the left eye, and about two months ago he had an eruption on his body. It itched very badly, but subsided somewhat under ointment. When Dr. Whitfield first saw him with Dr. Malcolm he was very much struck by the condition, as the face was covered over with large discs of an urticaria-like eruption. After consideration he made a tentative diagnosis of Mycosis fungoides, and suggested the application of X-rays. Those rays had had an extraordinarily good effect where applied. At the area which was worst, namely, under the left malar region, the infiltration had now almost gone. He had not done a biopsy. No lesions had gone except as the result of treatment; they had lasted eight months. Their onset had been slow and insidious, and they spread centrifugally. He had had pastille doses of X-rays. The patient said his skin was very sensitive to touch. Dr. Whitfield had had a private case in which a biopsy was done, and the case carefully studied, so that the diagnosis was firm. All lesions had disappeared with X-rays three or four years ago, and there had been no symptoms since.

Dr. PRINGLE agreed with the diagnosis, and said he had watched a similar case for more than twelve years, in which X-rays were applied frequently as soon as infiltrated or even erythematous patches appeared. The result was the dissipation of the lesions over and over again; but the patient had not been really cured. More permanent benefit appeared to result from the same treatment in a certain number of cases *à tumeurs d'emblée*.

Dr. DORE said he saw, three days ago, the patient referred to by Dr. Pringle. The tumours had disappeared and he had now erythematous lesions corresponding to those of the pre-mycosic stage.

Dr. ADAMSON showed a case of *Acne scrofulosorum* (*papulo-necrotic tuberculide*) *with episcleral tubercle*. The patient, D. W—, a girl, aged 18 years, had been shown at a previous meeting of the Section on account of the association of Acne scrofulosorum with congenital syphilis. The present interest of the case was that the patient had on the right eye what the exhibitor believed to be an episcleral tubercle. There was a leash of blood-vessels running from the internal canthus to the edge of the cornea, and upon this were two raised gelatinous-like masses, one at the margin of the cornea and one midway between the edge of the cornea and the inner canthus. These lesions recalled exactly the "tubercles" which are seen upon the meninges in tuberculous meningitis. Within the gelatinous mass were two or three pin-head sized, whitish, opaque bodies. As previously recorded the patient had given a positive cuti-reaction to tuberculin. Mr. J. B. Lawford, in the *Transactions of the Ophthalmological Society* (1909–1910, vol. xxx, p. 135) had described an exactly similar case of episcleral tubercle in a boy, aged 10 years. In this case the nodule was removed and inoculated into a guinea-pig with a positive result, while another portion of the nodule had shown the microscopic characters usual in tubercle. A very beautiful coloured drawing of Mr. Lawford's case was also published in the *Transactions*. The case now exhibited had been seen by Mr. Brooksbank James, who regarded it as tubercle, and Dr. Adamson understood that the patient was receiving injections of tuberculin for the eye condition. On casual inspection the lesion looked like phlyctenular conjunctivitis, but closer observation revealed the fact that it had opaque "tubercles" at its centre. Shallow ulcerations (scrofulous ulcers) upon the cornea were not uncommon in association with Acne scrofulosorum in children, but episcleral tubercle appeared to be very rare.

Dr. A. M. H. GRAY showed a patient, a male, aged 32 years, who had

suffered from an irritable eruption since three months old. The eruption was most marked on the lower limbs, mainly on the extensor aspect, the flexures of the knees and groins being quite free. Lesions were also present over the pubic region, over the whole extent of the back and on the extensor surfaces of the upper limbs. The head and neck and chest and abdomen were free from eruption, as were the flexor aspects of the upper limbs. There were some lesions on the anterior and posterior borders of the axillæ. The lesions consisted of medium-sized pale papules, which showed distinct tendency to grouping. When first seen two years ago marked scratch lesions were present, and numerous follicular pustules, mostly on the lower extremities, which almost masked the characteristic lesions. At that time the patient also showed a circinate syphilide in front of the upper part of the right thigh, and gave a history of syphilitic infection ten years previously; the Wassermann reaction at that time was positive. Considerable pigmentation was present on areas named, and especially on margins of axillæ and on outer side of hips. The eruption was intensely irritable. The glands in groins and axillæ were markedly enlarged.

The exhibitor considered it to be a case of prurigo on account of the history and distribution of the eruption. He pointed out that the patient was an Englishman, that he was well nourished, and that the condition had undoubtedly improved while under observation.

Dr. Whitfield and Dr. Pernet considered the case as one of Dermatitis herpetiformis.

The President also inclined to the view that it was Dermatitis herpetiformis, and said he had seen that condition in a patient as young as six years of age. If the condition in this present patient began in infancy it was rather remarkable for Dermatitis herpetiformis. He had never known the disease begin at such an early age.

Dr. MacLeod considered that the grouping of the lesions and the tendency to vesiculation in some of them combined with the absence of lichenification pointed to the case being one of Dermatitis herpetiformis. He had seen a case in a boy, aged 9 years, which presented similar clinical appearances.

Dr. Adamson thought that the fact that the flexures were involved was against the diagnosis of prurigo of Hebra. He also pointed out that the pin-head-sized vesicles with a tendency to arrangement in groups could be seen on close inspection, and this suggested chronic eczema or Dermatitis herpetiformis rather than prurigo.

Dr. J. M. H. MacLeod showed *specimens of two keloids* which

developed in the ears of a woman as the result of being pierced for ear-rings eight months earlier. There was no unusual soreness, and the rings were soon removed (within two months) owing to the development of the swellings. These, however, continued growing. The specimens were kindly lent to him for exhibition by his surgical colleague, Mr. Stanley Boyd, who had excised the lesions. The keloids were both round, one being about the size of the kernel of a filbert-nut and the other the size of a pea. They were well defined and easily dissected out. The patient had shown no tendency to keloidal formation previously. The keloids were removed May 6th, 1912, and there had been no recurrence (July 30th).

Mr. Haldin Davis showed *two cases of summer eruption*. The

patients were two girls, aged 7 and 11 years respectively. They were brought to illustrate two somewhat different types of summer eruption, one very common, in which papules and tiny vesicles appear on the face and hands, but disappear during the winter without leaving any trace; the other more severe, of which the younger child was an example, in which the lesions were larger vesicles which became confluent and purulent, and which left permanent scarring both on the face and hands. The blood had been examined from the more severe

case, and it was found that of the white corpuscles present no less than 10 per cent. were eosinophiles.

The PRESIDENT said he always told such patients to rub in a red ointment before going out in the morning. Sometimes those who did mountain climbing in Switzerland got the condition.

Dr. PERNET showed a drawing and photograph of a case of *Mycosis fungoides d'emblée*. The patient being too ill to be brought before the Section, Dr. Pernet showed a water-colour drawing and a photograph of the case, for which he was indebted to his friend, Dr. Martin Randall, of Wimbledon, who had sent the patient on to him for diagnosis. The patient was a perfectly healthy woman, aged 44 years, who six months previously developed a small growth over the left tibia. This had been followed rapidly by others, one on the front of the left knee being characteristic, and the size of half a fair-sized tomato. There had been absolutely nothing the matter with the skin; nothing in the shape of a premycotic dermatitis. As the details of the case would probably be published later, Dr. Pernet would hold them over for the present.

The PRESIDENT reminded members of a classical case in which some of the lesions were Mycosis fungoides d'emblée and others had a premycosis stage; it was a mixed case.

MANCHESTER DERMATOLOGICAL SOCIETY.

Ordinary Meeting held on Friday, July 5th, 1912, Dr. R. B. Wild in the Chair.

The following cases were shown:

Dr. R. B. Wild showed a case of (1) *Scabies and Dermatitis herpetiformis*. The patient, a girl, aged 11 years, was first seen on June 19th, 1912. At that time she had a somewhat bullous eruption especially marked between the fingers, on the wrists, buttocks and feet, with a few lesions of a similar type scattered over the trunk; on the wrists and between the fingers several typical burrows could be seen. Three other members of her family are, at the present date, under treatment for scabies. On June 24th she was admitted as an in-patient. Under treatment the scabietic lesions quickly cleared up, but she has had several outbreaks of groups of bullæ on the trunk and face, and these lesions at the present date are to be seen on the hands, front of trunk, and face.

(2) *Exfoliative dermatitis*. The patient, a married woman, aged 60 years, had been discharged healed from hospital some ten weeks previously, having been under treatment for a similar condition.

She was re-admitted on June 7th, 1912. On admission the whole of the body, limbs, and head were covered with an intensely red eruption with a large amount of scaling. Her urine is normal, and temperature varies between normal and 101° F. She has discharge from both ears, but there is no history of previous skin-trouble.

Mr. Savatard showed a case of (1) *monolithrix*. The patient, a youth, aged 19 years. The condition is limited to the hairs of the scalp and began two years ago. At the present date it is most marked in the frontal and occipital region, in which situation the hairs are broken off short, leaving short beaded stumps. The longer hairs appear normal at first sight, but on closer examination are found to be beaded in a similar manner. On staining no micro-organism can be detected. There is some keratosis of the follicles, and in the occipital region well-marked perifollicular inflammation. The patient complains of pain and irritation on the scalp, but in other respects is in good health.

(2) *Multiple sebaceous cysts on the scalp.* The patient, a woman, aged 38 years, presented numerous sebaceous cysts scattered over the scalp. Some of these had suppurated, and after healing had left depressed atrophic scars, devoid of hair, and closely simulating the lesions produced by Lupus erythematosus of this region.

(3) *Pseudo-leucoderma or partial albinism.* The patient, a girl, aged 14 years. The parts devoid of pigment are most marked on the scalp, right side of the face, right cervical, and clavicular regions. The patient is of dark complexion, which makes the lesions very noticeable.

On the scalp are several patches of white hair.

There has been no alteration in this condition since birth; and there is no family history of this or any allied condition.

(4) *Multiple warts.* The patient, a girl, aged 10 years. The right arm from the finger-tips to the elbow is covered with small plane warts. The left arm and forehead are affected in a similar manner, but the lesions in the two latter situations are not so numerous.

Dr. G. H. Lancashire showed a case of (1) *Urticaria pigmentosa.* The history given was that the patient, a boy, aged 5 years, had suffered from urticaria from birth. At the present date there are no wheals to be seen, but scattered over the trunk and lower extremities are numerous brownish stains which had persisted from previous attacks of urticaria.

CURRENT LITERATURE.

A CASE OF PRIMARY ACTINOMYCOSIS OF THE SKIN. L. Merian. (*Dermatologische Wochenschrift*, January 13th, 1912.)

There are five points of ingress through which ray fungus may be introduced into the body: (1) The oral cavity; (2) the respiratory tract; (3) the digestive tract; (4) the general surface of the skin; (5) undetermined. Actinomycosis arising from direct infection through the skin is called primary skin actinomycosis, whereas if the eruption of the skin is only an encroachment of a focus of actinomyces under the skin it is called, as proposed by Ewald, secondary skin actinomycosis. A case of the former was lately observed by Dr. Louis Merian in Prof. Unna's poliklinik in Hamburg. The patient was a weakly girl, aged 19 years. In the left nasolobial fold, slightly above the left corner of the mouth, was a small swelling about the size of a pea, surrounded by a reddish-blue patch. The diameter of the tumour at its base was about 5 mm., and it was raised about

8 mm. above the surface; the shape resembled a truncated pyramid. According to the patient's account this little tumour had developed within three weeks from a red itching spot about the size of a hemp-seed. The surface of the tumour was rough, the skin at the apex was contracted into the form of a crater. The tumour was soft to the touch, gave no pain, and out of the apex oozed a drop of yellowish-red pus. With the consent of the patient the whole tumour was removed by a superficial incision, under ethyl chloride anæsthesia. It was then hardened in alcohol and embedded in celloidin. The wound healed quickly under the application of a plaster of salicylate of cannabis. The patient was seen five weeks after the removal of the tumour, the slight scar was barely distinguishable. A thorough examination of the whole body for occult actinomycosis yielded a negative result. The patient did not cough, had no expectoration, and felt well.

The patient could, unfortunately, give no suggestion as to how the infection with actinomycosis came about. She lived with her parents in the town, never came into contact with grain of any sort, and could not, moreover, remember ever to have had any wound in that region. The mother stated that the patient suffered from epileptic seizures, now and then losing consciousness, and during an attack was often found by her parents lying on the floor. Under these circumstances there was, of course, the possibility of infection through a scratch caused by a splinter of wood. This recognised mode of infection was quite probable in this case, but it cannot be proved. When he made the microscopic examination Dr. Merian discovered, in a section prepared with methylene-blue staining, the following conditions:

The epithelial lining was flattened in some places, in others proliferated. The papillæ were likewise flattened, and did not taper downwards, a circumstance explained by the pressure which the œdematous tissue below exercised on the papillæ. The number of blood-vessels was increased, the lumen of the vessel was filled with red-blood corpuscles, the walls of the vessels exhibited no inflammatory changes. Between the blood-vessels were to be seen the plasma cells, easily recognisable by their pavingstone shape; these were not set closely together, but showed gaps in the tissue. There were also elongated spindle-cells and single free nuclei; these were more particularly to be met with in the outer parts of the zone of degeneration, and where the staining was good could easily be distinguished from leucocytes. In this loose œdematous granulation tissue, consisting of plasma-cells, spindle-cells, and the above described loose nuclei were imbedded the fungus granules, which were separated from the granulation tissue by a thick wall of leucocytes. These leucocytes, which formed a microscopic drop of pus imbedding the fungus granules, originated in the diluted capillaries within the diseased area. On the discovery of the fungus granules and the histological changes described above the diagnosis was at once apparent, and the manner of therapeutic procedure indicated.

There are about twenty-five cases of primary actinomycosis of the skin in medical literature, references are given to the important papers dealing with the subject.

J. B. S.

ELEPHANTIASIS AND PARATUBERCULOSIS. Brault. (*Archiv f. Derm. u. Syph.*, 1911, Bd. cx, p. 105.)

A young Spaniard, aged 15 years, was suffering from an eruption of the upper extremities and elephantiasis of the fingers. He had had abscesses of the neck after measles, after which the eruption had gradually developed. The skin of the forearms was white and cicatricial in character, and in part thickened and elephantiasic. On this skin there were isolated and aggregated papules, of a pin's head in size, dull red violet in colour, and occurring in crops. These papules developed either into vesicles or pustules, and then dried up into crusts which left scars when they fell off. There was cyanosis of the hands, and flexion and distortion of the phalanges of the middle and ring fingers of the right hand. The left middle finger was flexed and showed bridled scarring. The nails were dystrophic.

The pus from the lesions was inoculated into guinea-pigs, but did not cause tuberculosis. Microscopically, the papules showed masses of epithelioid cells, but no giant-cells or tubercle bacilli were seen. The elephantiasis showed the usual appearances found in this condition.

A. W.

REPORT ON EOSINOPHILIA IN SCABIES, WITH A DISCUSSION ON EOSINOPHILIA IN VARIOUS DISEASES OF THE SKIN. Jay Frank Schamberg, M.D., and Albert Strickler, M.D. (*Journ. of Cut. Dis.*, February, 1912, vol. xxx, No. 2.)

Eosinophiles occur normally in the blood in the proportion of 0·5 to 4 per cent.; 5 per cent is generally regarded as the maximum physiological limit. The average, of course, is considerably below this figure. Of the forty-seven cases of scabies examined, 38, or over 89 per cent., showed 5 or more per cent. of eosinophiles. The maximum count was 19 per cent., but there were also cases exhibiting 14, 12, and 10 per cent. The average eosinophilia in the entire series was 7 per cent. The cases exhibiting no increase of eosinophiles were, for the most part, patients with scant eruptions, and in one or two the diagnosis was doubtful.

As to the significance of eosinophilia in scabies, nought can be stated, but the results are of interest in connection with the occurrence of eosinophilia in persons harbouring animal parasites in their intestines.

In "grain itch," a disease in which the causative animal parasite perambulates upon the skin and punctures it, but does not burrow, a mild though rather constant eosinophilia is found. Dr. J. A. Kolmer examined for one of the writers (Schamberg) the blood of twenty patients suffering from this disease, who were interned in a hospital. The eosinophile counts varied from ·68 to 10 per cent.

Schamberg and Strickler have tabulated the published records, accessible to them, of blood counts in other diseases of the skin, in order to determine as far as possible, the dermatoses in which eosinophilia occurs and the intensity of this phenomenon in these various morbid conditions. This collection may be of value to future workers.

J. H. Sequeira.

MULTIPLE AREAS OF PIGMENTATION OF EIGHT YEARS DURATION, INVOLVING CHIEFLY THE TRUNK OF A GIRL OF TWELVE; HISTOLOGICAL EXAMINATION AND REVIEW OF THE LITERATURE. Frank Crozer Knowles, M.D. (*Journ. of Cut. Dis.*, February, 1912, vol. xxx, No. 2, p. 83. [Plates.])

The pigmented areas developed when the child was four years old. The spots varied in size from a pin's head to a five-shilling-piece, and they were limited to the covered portions of the body, to the almost exclusion of the exposed parts.

The few cases of this character which developed years after the birth of the child, even in adult life, have been erroneously classed as pigmented moles, because a biopsy has not been made.

A histological examination alone can prove the identity of the affection.

The entire absence of nævus cells disproved the classification as pigmented nævus, and lessened the possibility of the congenital origin of the condition.

Sections showed an increase of pigment; the skin otherwise was absolutely normal.

The condition is really an ephelis.

The author suggests an actinic cause as the best hypothesis of the origin of the affection, but this is hardly compatible with its occurrence on covered areas only. The pigmentary stage of von Recklinghausen's disease cannot be absolutely excluded. A congenital pigmentary defect might also be considered.

A bibliography is appended.

J. H. Sequeira.

REVIEWS.

Diseases of the Skin and the Eruptive Fevers.*

In this, the second edition of Schamberg's book, some new chapters have been added on sporotrichosis, grain itch and vaccine therapy, but the subjects are treated somewhat summarily, and, apart from the letterpress, the outstanding feature of the volume is still the excellence of the photographic illustrations. The admirable quality of the glazed paper makes it possible for these reproductions to show every detail, and they have seldom been excelled in any text-book on skin diseases. The author has included a good description of the exanthemata, and owing to the importance attaching to their diagnosis, a considerable amount of space has been allotted to them. Their general symptoms are described briefly, but all that relates to the skin manifestations is treated exhaustively. An interesting page is allotted to the rashes which occur in follicular tonsillitis, other forms of sore throat and angina, and attention is called to the fact that toxic rashes are not often described as occurring in connection with follicular tonsillitis, although the streptococcus is a frequent cause of such eruptive phenomena. On looking up the subject of Erythema nodosum we find that the author regards it as a toxic affection capable of being produced by various infections, of

* *Diseases of the Skin and the Eruptive Fevers.* By J. F. Schamberg, M.D. Saunders & Co.: Philadelphia and London, 1911, pp. 573. Price 13*s.* net.

which the rheumatic is the most common. The statistics of Church are quoted, in which this complication occurred in 10 out of 1431 cases of rheumatic fever. Less than 1 per cent. is a low percentage, to say the least of it, and to us is not quite convincing. We should have been glad to know Schamberg's views as to its relations to tuberculosis.

A brief chapter on the Wassermann reaction has been added to this edition, but this embodies nothing new, and we turn with much greater satisfaction to the description, and especially the illustrations of different syphilides. They are good, and we can with confidence recommend the book both to students and practitioners.

J. L. B.

The New Physiology in Surgical and General Practice.*

This is the second edition, and in it several chapters have been extended and a new one added on the growth of bone. Recent teaching on this subject, as well as on the uses and dangers of saline infusions, the movements of digestion and the relation of carbon dioxide to shock are stated by the author to be only describable as of revolutionary importance. He has dealt with these subjects, and, in an appendix, with the absorption of nitrogen from amino-acids and other subjects of interest to the general practitioner. J. L. B.

The Care of the Skin and Hair.†

When such a well-known authority as Dr. Pusey writes a popular book such as this he is able to overcome many of the difficulties which necessarily present themselves. He says his aim has been to write a book chiefly on the hygiene of the skin, not a book on the self-treatment of skin-diseases. He holds some interesting views on the subject of baldness, and he looks on it as a manifestation of a transitional stage in man's evolution. The hair on the body now is a vestige of a former abundant coat. In the economy of Nature structures atrophy and disappear when they cease to have function, and the need for warmth and other protection afforded by the hair is no longer of great importance to man. It is evident, according to this, that in a few more years there will be no more barbers in spite of hair specialists and professors of trichology.

J. L. B.

* *The New Physiology in Surgical and General Practice.* By A. Rendle Short, M.D., F.R.C.S., Hon. Surgical Registrar, Bristol Royal Infirmary. Bristol: John Wright & Sons. London: Simpkin, Marshall & Co., 1912. Pp. 244. Price 5*s.* net.

† *The Care of the Skin and Hair.* By William Allen Pusey, A.M., M.D., Professor of Dermatology in the University of Illinois. Cloth, 182 pages. London: Appleton. Price 2*s.* net.

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